Program A: Payments to Private Providers

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2003-2004. Objectives may be key or supporting level. The level of the objective appears after the objective number and before the objective text.

Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document. Performance indicators may be key, supporting, or general performance information level. Key level is indicated by a "K" in the "Level" column of the standard performance indicator table. Supporting level is indicated by an "S" in the "Level" column of the standard performance indicator table. General Performance Information indicators appear in tables labeled as General Performance Information.

Proposed performance standards do not reflect the most recent budget adjustments implemented by the Division of Administration during development of the FY 2003-2004 Executive Budget. Rather, proposed performance standards indicate a "To be established" status since the agency had insufficient time to assess the full performance impacts of the final Executive Budget recommendation. As a result, during the 2003 Legislative Session, the agency will seek amendments to the General Appropriations Bill to identify proposed performance standards reflective of the funding level recommended in the Executive Budget.

The Supplementary portion of the Governor's recommended Executive Budget for this agency's budget is 2.1%. However, the objectives and performance indicators for this agency are based on the amount of the Base Executive Budget only. Specific information on program funding is presented in the financial section.

DEPARTMENT ID: 09 - Department of Health and Hospitals
AGENCY ID: 09-306 Medical Vendor Payments
PROGRAM ID: Program A: Payments to Private Providers

1. (KEY) To increase the number of children/adolescents enrolled in Mental Health Rehabilitation Services in an effort to not exceed a ____% recidivism in psychiatric hospitalizations for children/adolescents in the pilot regions.

Strategic Link: This objective implements Goal 1, Objective I.1 of Program A & B, Medical Vendor Payments, of the revised strategic plan: To increase the number of children/adolescents enrolled in Mental Health Rehabilitation Services in an effort to not exceed 10.2% recidivism in psychiatric hospitalization for children/adolescents in the pilot regions.

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.
Other Link(s): This objective is associated with Tobacco Settlement Funds through the Health Excellence Fund.

Explanatory Note: The Hospital Admission Review Policy (HARP) program is a project designed to prevent the rehospitalization of children/adolescents who have been admitted to private psychiatric hospitals. It links these children and their families to community-based resources upon discharge from the hospital. To accomplish the desired outcome Medicaid funds staff in the Office of Mental Health who interview the children, their families and hospital staff to determine eligibility for community services, ensure that services are available at discharge, and provide follow-up contacts to assist the family further.

LaPAS PI CODE	LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
			YEAREND PERFORMANCE STANDARD FY 2001-2002	ACTUAL YEAREND PERFORMANCE FY 2001-2002	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2002-2003	EXISTING PERFORMANCE STANDARD FY 2002-2003	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2003-2004	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2003-2004
2248	K	Adolescent psychiatric hospital enrollment in the pilot regions	1,300	1,242	1,600	1,600	1,600 [1]	To be established
2249	K	Mental Health Rehabilitation enrollment from the Hospital Admissions Review Process (HARP) Program in the pilot regions	400	283	300	300	300 [1]	To be established
10020	K	Percentage of recidivism in psychiatric hospitalization in the pilot regions	10.2%	8.5%	14.0%	14.0%	14.0% [1]	To be established

[1] Based on historical data and the expectation of no major changes.

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GENERAL PERFORMANCE INFORMATION:						
		PERFORMANCE INDICATOR VALUES				
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
12034	Percentage of diverted enrollment [2]	not available [1]	19.7%	28.0%	9%	8.5%
12036	Total Mental Health Rehabilitation enrollment (all regions)	1,069	1,464	1,992	2,136	2,314
12037	Total number served in Mental Health Rehabilitation (all regions)	1,910	2,859	3,804	4,232	4,939

[1] The HARP Program did not exist during these time frames.

[2] Diverted enrollment is the percent of MHR enrollment from HARP compared to the total hospitalizations in the area.

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2. (KEY) To enroll __% of Medicaid eligibles in the Medicaid primary care case management program and maintain a ratio of ___ CommunityCARE enrollees to each (1) CommunityCARE physician, thereby providing medical homes and supporting continuity of medical care.

Strategic Link: This objective implements Goal 4, Objective IV.1 of Program A & B, Medical Vendor Payments, of the revised strategic plan: To enroll 75% of Medicaid eligibles in the Medicaid primary care case management program and maintain a ratio of 329 CommunityCARE enrollees to each (1) CommunityCARE physician, thereby providing medical homes and supporting continuity of medical care.

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.
Other Link(s): Expansion of CommunityCARE , a primary care case management program, is part of the DHH BluePRINT for Health.

Explanatory Note: CommunityCARE is a system of comprehensive health care based on a primary care case management (PCCM) model. CommunityCARE links Medicaid recipients with a physician that serves as the recipient's primary care physician (PCP). The PCP is paid a monthly management fee in addition to the normal fee-for-service payment to manage the recipient's health care. The physician acts as a "facilitator" and is responsible for preventive and acute care, health education, and referrals to specialists, inpatient hospitals and other necessary health services.

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15414	K	Percentage of Medicaid eligibles enrolled in the CommunityCARE program	Not applicable [1]	Not applicable [1]	Not applicable [1]	75%	75% [2]	To be established
15415	K	Ratio of CommunityCARE enrollees to each (1) CommunityCARE physician	Not applicable [1]	Not applicable [1]	Not applicable [1]	329	329 [3]	To be established

[1] These are new indicators that were added as August 15 adjustments. They did not appear in Act 13.

[2] This number was calculated by dividing the number of recipients eligible for the program by the number of enrollees. It reflects expansion statewide.

[3] The 1:329 ratio was based on the current ratio of 255,554 enrollees in CommunityCARE divided by 776 CommunityCARE participating physicians.

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LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
15416	Number of Medicaid eligibles	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	909,912
15417	Number of Medicaid eligibles under the age of 21 enrolled in the CommunityCARE program	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	214,122
15418	Number of Medicaid eligibles over the age of 21 enrolled in the CommunityCARE program	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	41,432
15419	Number of parishes participating in CommunityCARE	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	39
15420	Number of physicians participating in CommunityCARE	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	Not Applicable [1]	776

[1] New indicators. These did not exist during the timeframe.

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3. (KEY) To secure savings of approximately $__ million by implementing prior authorization/preferred drug list (PA/PDL) and obtaining supplemental rebates from drug manufacturers.

Strategic Link: This objective implements Goal V, Objective III.1 of Program A, Payments to Private Providers of the revised strategic plan: To secure savings of approximately $61 million by implementing prior authorization/preferred drug list (PA/PDL) and obtaining supplemental rebates from drug manufacturers.

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.
Other Link(s): The DHH plan for improving health care in Louisiana, now known as the BluePrint for Health is linked as follows: Goal VII: Strengthen Accountability for Reimbursement

Explanatory Note: Drugs that are on the Preferred Drug List do not require prior authorization. Before prescribing drugs that are not on the Preferred Drug List the physician is required to submit and to have approved a prior authorization request via telephone or fax to the University of Louisiana-Monroe, College of Pharmacy, Prior Authorization Program.

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15421	K	Amount of savings (in millions)	Not applicable [1]	Not applicable [1]	Not applicable [1]	$61 [2]	$58 [3]	To be established

[1] This is a new indicator which was added as an August 15 Adjustment therefore there was no performance data for FY 2001-2002.

[2] This figure has been adjusted to $38 million based on less than a full year of operation and the newest projections for 2002-2003 . The Performance Standard of $61 million was based on a full year of operation.

[3] This amount is based on potential savings achieved through the implementation of the Preferred Drug List (PDL), the prior authorization (PA) program and the state supplemental rebate program for a full year of operation.

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13377	Number of classes of therapeutic drugs established	Not available [1]	Not available [1]	Not available [1]	Not available [1]	3 [2]

[1] This indicator was not established, therefore there is no prior year data available.

[2] This indicator means the therapeutic class has become operational in the establishment of the Preferred Drug List and the prior authorization process.